



# LEAGUE REGISTRATION FORM

**CHEQUAMEGONBAYGOLF@GMAIL.COM**

**NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**1 TIME HANDICAP FEE APPLIES TO ONLY MEN'S LEAGUE AND SENIOR MEN'S LEAGUE**

LEAGUE	COST	X
<b>MEN'S LEAGUE- PARTNER</b> _____ TEE-TIME PREFERENCE(3:00PM-5:30PM) _____	<b>\$65/PERSON</b>	
<b>SR. MEN'S LEAGUE- PARTNER</b> _____ TEE-TIME PREFERENCE(8:00AM-9:30AM) _____	<b>\$65/PERSON</b>	
<b>WOMEN'S LEAGUE</b> START TIME PREFERENCE(11:30AM or 5:30PM) _____	<b>\$65/PERSON</b>	
<b>MIXED LEAGUE-PARTNER</b> _____	<b>\$40/PERSON</b>	
<b>1 TIME HANDICAP FEE</b>	<b>\$35/PERSON</b>	

<b>TOTAL</b>	
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**I HAVE INCLUDED A CHECK**

**I WILL PAY IN THE PROSHOP**

**NOTES** \_\_\_\_\_

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